



County of Los Angeles – Department of Mental Health

LPS DESIGNATION INITIAL APPLICATION FORM Please Print or Type

TO BE COMPLETED BY CANDIDATE'S SUPERVISOR (Failure to complete all items may result in the application not being processed).

Training ID (found on upper right corner of bulletin page) (Initial only)				Date of requested training (Initial only)	
Initial Application			Renewal Application		Training or testing date previously completed (if applicable)
County Employee Number (non-county employees supply the last four digits of the SSN)					
Candidate's Name					
Name of Agency, Program, or Hospital				Job Title	
Resident		Professional Staff with Admitting Privileges		Professional Staff without Admitting Privileges	
County/DMH or Contracted Facility Staff					
Work Address			City		Zip Code
Work Telephone			Fax		E-mail
List other facilities at which LPS designated (if applicable)					
Number of years experience as a licensed MH professional					
Length of time in LACDMH (County/Contracted) (in years)			Length of time at facility/program (Private and County Contracted)		
Current job description of candidate which requires that he/she be designated (please check one)					
<u>On-Site</u>			<u>Mobile</u>		
County clinic/County contracted clinic employee			Hospital employee		
LPS Designated acute care hospital (inpatient) employee			Contracted with LPS designated facility		
LPS Designated acute care hospital (inpatient) MD			County clinic/County contracted clinic employee		
LPT	LCSW	MFT	RN	PhD	MD
Unlicensed Resident					
Credential		License number		Expiration Date	
I attest that all statements made in this application are true and correct					
Signature of Applicant			Date		Professional clinically in charge of Designated Facility, or Agency
					<u>Signature</u>
					<u>Date</u>
			Print Name		
This section to be completed after training and examination					
Test Score	Pass	Fail	Test Date		Designation Expiration (maximum)
DMH Medical Director					Date
Return Training Application for Initial L.P.S. Training to Training And Cultural Competency Bureau Department of Mental Health – County of Los Angeles 550 S. Vermont Ave., 6 th Floor Rm. 605, Los Angeles, CA 90020 Phone # (213) 738-2318 FAX # (213) 351-2026			Return Renewal Application to Patients' Rights Office Department of Mental Health – County of Los Angeles 550 S. Vermont Ave., 6 th Floor Rm. 604, Los Angeles, CA 90020 Phone # (213) 738-2716 FAX # (213) 365-2481		
Submit this form as an application for authorization for LPS Designation, for LPS Designation Training, or for LPS Designation Renewal. Form must be completed for <u>each</u> facility at which individual desires designation. For employees eligible for designation, when training has been completed and a test score added, the application will be forwarded to the Medical Director's Office for final designation authority approval.					